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THE TREATMENT OF INFECTED WOUNDS BY PHYSIOLOGICAL METHODS.

Colonel Sir Almroth E. Wright, C.B., M.D., Dublin, F.R.S., contributes a most interesting paper to the Lancet on the treatment of infected wounds by physiological methods (drainage of infected tissues by hypertonic salt solution, and utilization of the anti-bacterial powers of the blood fluids and white corpuscles). He says in part:—

The treatment of septic war wounds divides itself naturally into three therapeutic procedures:—

1. In the first we have a number of different aims to pursue concurrently: we have to promote the destruction of the microbes which have been carried into the deeper tissues; we have to re-establish normal conditions in those tissues, resolving the infiltration in the walls of the wound, and getting rid of the infected sloughs; and we have to prevent "the corruption of the discharges," and inhibit microbic growth in the cavity of the wound.

Further, during the whole period occupied by these operations we have to be constantly on our guard to prevent active and passive movements which would propel bacteria along the lymphatics and carry poisonous bacterial products into the blood.

2. When the microbes in the deeper tissues have been exterminated and physiological conditions have been restored, and the wound has been rendered to naked-eye inspection perfectly clean, the difficult portion of our task has been accomplished, and the time has come for dealing with the surface infection.

3. As soon as this has been suppressed, or all but suppressed, all our thought ought to be given to promoting the processes of repair, bringing together the tissues, and covering over the denuded surfaces.

The Ideal of Physiological Treatment is to give Intelligent Aid to the Organism in Combating the Bacterial Infection

Saline dressings supply a means for evoking, in the infected wound, certain requisite physiological reactions. By their aid we can, while at the same time inhibiting bacterial growth, drain the tissues, resolve

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infiltration, and promote the separation of the sloughs—besides giving other assistance.

Physical and Physiological Action of Concentrated Salt Solutions

1. A concentrated salt solution will attract water; and, except in the case where a membrane which is impermeable to albumen is interposed, the outflowing current of water will carry out with it the whole of the protein substances which it holds in solution. This means that hypertonic salt solution applied to tissues lying bare in the wound (or to granulating surfaces) will operate as lymphagogue, drawing out from the infected tissues lymph which has spent all its anti-bacterial energy, and drawing into the tissues from the blood stream lymph inimical to microbic growth.

2. Brought into direct application upon leucocytes a hypertonic solution (what is in view here is a solution containing 5 per cent. salt) will disintegrate leucocytes, setting free the tryptic ferment they contain. Such a hypertonic salt solution will also exert a number of inhibitory actions.

3. It will inhibit the action of the tryptic ferment set free in the wounds.

4. It will inhibit coagulation and so prevent the sealing up of the orifices through which lymph pours into the wound.

5. It will inhibit leucocytic emigration into, and prevent phagocytosis in the cavity of the wound.

6. It will inhibit microbic growth.

General Instructions for the Carrying Out of the Lines of Treatment Indicated Above

Concentration in which the hypertonic salt solution ought to be brought into application.—For all ordinary purposes the best hypertonic solution to employ is a 5 per cent. solution of common salt. Where we require more vigorous lymphagogic effect we may resort to a 10 per cent. solution, or even to a stronger solution. But these are very painful when applied to skin edges and sensitive granulations; and salt applied in saturated or nearly saturated solutions will often cause sloughing of the superficial tissues.

Most convenient form of stock solution to keep on hand.—The most convenient stock solution to keep on hand is a saturated saline solution, made by shaking up water with an excess of salt and then allowing this to settle. Such a solution contains at ordinary temperatures 35 per cent. of salt.

Diluted 1 part saturated solution with 6 parts water it gives a 5 per cent. solution.

Diluted 2 parts saturated solution with 5 parts water it gives a 10 per cent. solution.

Diluted 1 part saturated solution with 39 parts water it gives a 0.85 per cent. (physiological solution).

N.B.—Hot water should be employed for making the dilutions required for all saline dressings and irrigations. For the physiological reactions which are to be evoked, whether these be active hyperæmia and transudation, or tryptic digestion, or emigration and phagocytosis, are all impeded by cold and favored by heat.

Method of Applying Hypertonic Salt Solution so That it May Produce an Adequate Lymphagogic Action, and Afterwards Provide Opportunity for Digestive Cleansing of the Wound

This will be the proper way of employing hypertonic salt solution in the infiltrated and sloughing wound. The following are the points to be borne in mind:—

(a) For the achievement of an adequate lymphagogic effect we must use quite considerable quantities of hypertonic solution. The dressings ought to come directly out of the hot solution, and be applied dripping wet.

(b) In order that there may follow upon the lymphagogic action a cleansing digestion, the amount of salt employed must be kept within such limits as will allow of its being within a reasonable period diluted by the outflowing lymph. In other words, we must not use too much hypertonic salt solution, nor use too concentrated a solution; nor supplement with large packs of saturated salt solution or salt tabloids.

In order to anticipate that pullulation of microbes which will supervene when the exudate becomes tryptic we ought to redress the wound as soon as the discharge begins to be purulent.

The procedure in carrying out these principles will, of course, vary according to the anatomical conditions of the wound. In point of fact, three different anatomical types of wound have to be considered: (a) The wound which from the beginning lay fully open or which has been opened up so as to render every portion of its surface fully accessible; (b) the wound where, owing to folds, or blind passages, or a tunnelled way, portions of the surface are not fully accessible; and (c) tubular wounds which are throughout their whole course more or less difficult of access.

(a) In the first case we have only to pack the wound with gauze thoroughly wetted in hot 5 per cent. salt solution. We cover this in with any impermeable tissue, such as jaconet. When the time comes for redressing the wound, all trace of pus ought, before reapplying the saline, to be carefully removed. For pus treated with strong salt is

converted into a sticky intractable substance which forms an impermeable coating on the walls of the wound.

(b) Where the wound is pocketed or tends to flap together the best procedure is to employ a bath of warm 5 per cent. saline. Should the position of the wound render immersion in a bath impracticable, it ought to be irrigated with warm 5 per cent. saline solution, the fluid being distributed over the whole surface of the wound by an arrangement of bandages. The bath or irrigation ought to be discontinuous—intervals for digestive cleansing alternating with periods of lymphagogic and leucocyto-lytic action.

(c) Where we have a tubular wound it will, of course, be futile merely to insert a drainage-tube and cover its mouth with a piece of gauze wrung out of hypertonic salt solution. The rational procedure will here be to make windows in the tube, to cut it open longitudinally, and to lay into the hollow a folded strip of gauze, thoroughly wet with saturated salt solution. The tube thus armed is to be introduced into the wound after this has been syringed with 5 per cent. saline.

Nature of the External Covering to go Over the Wet Salt Dressings

The most usual practice is to place immediately outside the saline dressings a thick packing of dry cotton-wool, and again outside this a bandage. This seems to be dictated by the idea that the cotton-wool will soak up the discharges, and the notion that the capillarity of the cotton-wool and evaporation from its outer surface will reinforce the drawing action of the salt. In point of fact, however, all the cotton-wool does is to suck out some of the salt solution from the dressings and to evaporate this to dryness, putting in this way a certain quantum of salt out of action. Moreover, the notion that capillary action and evaporation would promote drainage from the tissues is in conflict with everyday experience, which shows that when we apply a dry dressing or let a wet dressing evaporate, the outflow of lymph from the wound ceases, and the dressing sticks to its surface.

The rational method of covering in saline dressings is to use, instead of cotton-wool, an impermeable covering. Then instead of the salt solution being carried outwards by capillarity and evaporation, it will by diffusion be carried inward. The difficulty that with this form of dressing, discharges will escape from under the impermeable covering can be met either by frequent re-dressing, or by placing cotton-wool outside the jaconet. In the case of wounds of the extremities, perhaps the simplest method of all is to dispense with all coverings over the salt dressings, merely renewing the salt packs at frequent intervals. But here, if we want to clean off sloughs or resolve infiltration, we shall have to alternate with our dressings of hypertonic saline solution dressings of physiological saline solution.—*The British Journal of Nursing.*

THE "LITTLEST MOTHER"

A serious, intense little girl of six, living in a progressive Pennsylvania city, was known among relatives, family friends and neighbors as the "littlest mother." Babies adored her and stretched out chubby fists at sight of her. No mother seemed afraid to let her cuddle the latest arrival in her small, put protecting arms. Her Aunt Jane prophesied that she would develop into a successful trained nurse. Her father said she was a born mother, and built her a marvelous play-house in the backyard. Here she raised her family of bisque, wax and sawdust children, tending them with an earnestness that turned her blue eyes a deep violet when "sickness" invaded the circle.

Even when school brought absorbing interests, the babies on the block and in the doll house were not neglected. When she grew too tall to sit with comfort in the play-home, she moved dolls, beds, baths and wardrobes to a warm corner in the attic, where she continued to watch over them, crooning and smiling in her dream-motherhood.

Here, in her twelfth year, she found—

The Book

It was bound in faded green and gold, shabby and loose-leaved, which is perhaps why it opened so easily to her hand at the chapter on the care of the new-born baby. She followed the pages eagerly. Maybe she had not done the right thing by her sawdust family! Perhaps she might even pass on information to her next-door neighbor, whose new baby was distressingly puny and fretful.

But in places the chapter was not clear. Puzzling references to events preceding the baby's birth confused her, so she decided to start at the very beginning. When she laid aside the book, her quaint little face had undergone a change. The blue eyes were now a very deep violet, and the tender young mouth was white and pinched.

Couched though those pages were in strange, grown-up phrases, this much had been horribly clear to her—doctors did not carry babies around in their pockets, like peppermint drops, to be left at any home where a baby was really and truly wanted!

And being devoid of deceit or fear, the intense "littlest mother" carried the faded book to her own mother, and asked for an explanation. What followed is summed up in a later conversation between her mother and her Aunt Jane.

"Of all luck, to have her stumble on that doctor's book! I haven't seen it since before John was born—and I supposed it was burned."

"What did you tell her?" inquired Aunt Jane.

"What could I say except that such books were not for little girls to read? Later she should know all about it."

"Quite right," approved Aunt Jane. "She's altogether too young to know about such things."

The most natural—and easy—way to dismiss an annoying family problem! How many mothers of your acquaintance have dismissed it in the same fashion?

So it happened that no one noticed the change which gradually came over the girl as she neared her teens. The habit of "mothering" had somehow died within her. The doll nursery in the attic was deserted. The babies on the block waved chubby fists in vain. For a beautiful illusion had been shattered, a child-dream had died in her heart. New babies were no longer the dearest, sweetest of little creatures, to be hugged to one's heart, but something to be mentioned in whispers, a mystery that was neither "proper" nor clean.

During the busy years which followed for the growing girl, her mother never thought again of the old green book, nor her promise to explain its true meaning. There were examinations to be taken, frocks to be made, summer resorts to be visited, finally a coming-out party and then, to the amazement of her family, a sudden determination to go into business. The girl never came back to her mother with the question which grew out of her quiet hour in the old attic. And, as is the way with mothers, no thought was given to the matter. Perhaps this mother believed that wisdom in such subjects fell like manna from on high. How could she know that this strong, athletic girl, who could dance, skate and golf admirably, who could direct the work of an office staff or take charge of an emergency in the home, directly, competently, had said in her heart that she never wanted to be a mother —she who had been the "littlest, dearest of mothers" a few years before!

She was well on in her thirties before a good man came into her life, melted the ice around her heart and revived the old, passionate maternal instinct. And so, still uneducated for the greatest work of her life, she was married. Without any real preparation, she assumed the responsibilities of parenthood. She did not even know why she was a fine, healthy being, but accepted the fact as desirable.

After marriage she went right on dancing, skating, golfing and motoring. Worse still, when housecleaning time rolled round, she thrust aside impatiently the services of an awkward, heavy-handed servant, and in her own rapid, energetic, competent way, hung curtains, cleaned high shelves and moved furniture.

Eventually she woke up in a hospital, not only to the meaning of life itself, but to the terrible realization that motherhood was forever denied her.

A more unnecessary, criminal waste of mother-force and mother-love cannot be chronicled. Here was a young woman who had never been taught to value and conserve the highest powers she possessed, the gift

which was of most vital importance to herself, her husband and society.

This is no idle tale of imagination, but the life history of a woman who has been saved from bitterness only by the exquisite sympathy of an understanding husband. Thousands of women like her, of average intelligence and education and in comfortable circumstances, are scattered over the country—only they are less fortunate, for she at least has good health.

MOVING PICTURES IN THE SURGICAL WORLD

The members of the Ontario Medical Association were greatly charmed at the recent meeting with the exhibition of moving pictures as shown by Drs. J. A. Wyeth, John A. Bodine and C. H. Chetwood, of New York City, illustrating the surgical technic as used in the New York Policlinic. The use of moving pictures in the teaching of surgery is indeed novel, and greatly interested a large crowd of medical men.

Anyone who has been present at a surgical operation will vouch for the truth of the statement that it is impossible to see enough of the field or the surgeon's fingers to call the case instructive. The only persons who actually see the whole technique are the surgeon and his one or two assistants. Even then, much is determined only by palpation. How can students in their third year learn from such imperfect demonstration? The only saving feature is that their general knowledge of anatomy, plus the surgeon's cunning commentary on his own findings, stimulating their imagination, helps them to form a fair picture of the whole.

At the New York Policlinic very wonderful work has been done for the large classes of physicians who turn their steps thither for post-graduate instruction in surgery. Prof. Wyeth and Dr. Bodine have each operated before the moving picture camera so as to show the whole technique of their special operations, and now the work is committed forever to the screen, where anyone may, by simply turning a handle, project a picture of any part of the event, whether it be to learn what instruments are employed, on the neatly set instrument table, or in what order the incisions, ligations, etc., are made. It is very marvelous to see the tiny vessels spurting, and quickly tied off. Only the actual field, occupied by the surgeon's hands, is shown. Nothing is passed over or lost. Every step is revealed. When Dr. Wyeth does his famous bone transplantation, using his electric burr to remove a useful piece, from the tibia, ordinarily, to graft on a spine in Pott's disease, or again to fill in the void in an ununited fracture, one can really see the "chips" fly, as he calls them, meaning the fragments of bone dust. When Dr. Bodine does a prostatectomy or removes a ureteral calculus, one can discern every bend of the wrist, and see even the jagged points of the stone.

This only requires, then, in addition to the classic operation, a classic description of the operation, which could be dictated later by the brilliant men who have discovered and applied these principles, and simultaneously with the picture projected on the screen, in order to constitute a splendid method of teaching the first lessons in surgery.

It is a very familiar fact that students do not habitually make the most of their college course. The personal element in a hospital affects the student so greatly that many lose valuable details, to be acquired later, at enormous cost to themselves and their patients. They come in large groups to witness operations on tonsils, eyes, ears and so forth, and being now so young, and so much exhilarated by the fresh air of their walk, their companionship, and the personnel of the operating room, they do not concentrate their attention. But the chief cause of this inattention is always overlooked. They cannot really see. The nurse who "scrubs up" and "takes instruments" for a surgeon year after year, never sees what he is doing, but gradually acquires a habit. The student has the opportunity, at best, of seeing only a couple of cases of every kind, and that only in a very myopic, astigmatic way.

The pictures shown at the Ontario medical meeting included the operation for amputation at the hip joint, the radical cure for hernia, and ligation of the external carotid artery. Every step in each was just as clear as if the onlookers had been seated in the front seat of the operating theatre.

To instal moving picture apparatus in all colleges for this purpose should be the next move of the practical-minded directors. The cost is small, little more than a Christmas gift for any ordinary boy. But their field of vision is enormously widened and cleared. They can now see the actual procedure, as well as the surgeon sees it. The unwinding of the film can be halted and repeated, to show a difficult step, without hurting the patient. Then, too, students can be called in turn to lecture on the operation often enough to get the details perfect before they are considered proficient enough to graduate into hospitals as internes, where they have nearly all greedily asked for the surgical service in the past. This is learning to do by knowing.

There is yet the famous learning to know by doing, which is actually performed in their interneship.

Phonographic records would be an excellent substitute for words written on the screen, having that enthusiasm and emphasis which letters do not possess. But their expense might be an item, when one considers the length of some operations.

As to the whole system, it is nothing more than thousands of public schools are doing on a very extensive scale, to teach the industries and arts of all nations. Why not the sciences?—*Canadian Journal of Medicine and Surgery.*

INFANTILE PARALYSIS

What Is It?

The following instructions regarding Paralysis are issued by the Provincial Board of Health:

Infantile Paralysis, also called Anterior Poliomyelitis, is a communicable disease chiefly of children between the age of two and fourteen years. Older children and adults may also be affected by the disease.

The cause is unknown. It is known, however, that the agent causing the disease is present in the secretions of the nose and mouth and in the intestinal tract from being swallowed.

The disease is epidemic in some United States cities and in at least one town in Ontario.

It is believed that Infantile Paralysis is spread from one child to another by means of the secretions of the nose and mouth by direct transfer. It is possible also that it is spread by flies which have been in contact with intestinal discharges. It may become widespread in country as well as in crowded city districts, and persons who have been in contact with cases of the disease may harbor the contagion and give it to others without contracting the disease themselves; that is they are "carriers."

What to do About It?

1. Every case must be quarantined for a period of six weeks.

2. All children who have been in contact with a case must be quarantined and kept under observation for a period of two weeks.

3. Adult members of the family who are wage earners may be allowed to go about their work subject to the regulations of the Provincial Board and on the discretion of the Medical Officer of Health.

4. Where there is an outbreak, gatherings of children, such as picnics, picture shows, and playgrounds, should be prohibited.

5. The source of origin of each case should be carefully enquired into in order that proper quarantine may be maintained.

6. In houses where cases appear all doors and windows should be screened, the premises kept clean, and no accumulation of garbage or waste permitted.

7. All cases should be at once notified to the Medical Officer of Health, and by him to the Chief Officer of the Provincial Board.

8. Mild cases, showing slight headache, rise of temperature and vomiting persisting for a few days, with slight muscular weakness and absence of paralysis, should be quarantined. These are probably one of the chief sources of contagion.

9. As Infantile Paralysis is a most serious disease and in the present epidemic giving a high death-rate, the public is urged to second the

efforts of the authorities in every way in order to prevent a severe outbreak in the Province.

10. All materials such as cloths, etc., carrying secretions and discharges from patients should be burned, boiled, or disinfected.

If the disease shows any tendency to spread, special quarantine measures may be necessary.

JOHN W. McCULLOUGH,
Chief Officer of Health.

DISEASES OF THE EAR

By James M. MacPhail, M.A., M.D.

At the request of my sister Editor I have written the following notes on the more simple and common diseases of the ear, the kind that we meet with in ordinary domestic practice, and which, as a rule, may be either cured or relieved by the use of safe and common remedies.

To begin from the outside, the auricle, which is covered with skin, is liable to be affected by the usual skin affections. It is specially exposed to the sun, and is often the seat of sunburn. Eczema is another common affection, especially in children, and it is often aggravated by scratching. The treatment is to protect it from the irritation of the air either by a dusting powder or an ointment. Starch may be used for dusting, or boracic acid, or zinc oxide, or these may be mixed. Zinc ointment is as useful as any. The B. P. ointment consists of 15 per cent. of zinc oxide in benzoated lard (benzoated suet being recommended in India instead of lard), but it does quite well to mix the same strength of the oxide with vaseline, or soft paraffin. There is a comman custom in India of boring the lobe of the ear in children, and then inserting a little piece of stick to enlarge the opening. The dirtiness of the skin often causes ulceration, and apart from that the irritation sometimes leads to the formation of small tumours, that require surgical treatment for their removal.

In this land of superabundant insect life, it is natural that flying and creeping creatures should occasionally find their way into the ear. The first thing to do in such cases is to assure the sufferer that there is no need for alarm. There is a popular belief at home that the insect called the ear-wig is specially dangerous, as it finds its way from the ear to the brain; but there is no evidence that this creature does more harm than any other. Anyone, however, who has had a moth or a fly in the ear, in the full enjoyment of its vitality, knows how very alarming the feeling is. The easiest way to remove insects is to make the patient lie down on the side with the invaded ear upwards, and to pour a little oil, or, failing that, water, into the ear. As a rule, within ten minutes the insect floats to the surface. Another way is to smoke the

intruder out by the fumes of tobacco. Non-living things that find their way into the ear often give more serious trouble. In my own experience, grains of Indian corn are the favorite articles among Indian children for inserting into their ears, but in other districts it is probable that other articles are preferred. When a child is brought with the story that it has something in its ear, the first thing to do is to make sure that it is really there. As a rule, an article that is large enough to cause trouble can easily be seen. It is very unwise to begin poking it with instruments, for there is a very great danger of driving it further in. There is a bulging part of the canal where foreign bodies as a rule are arrested, and whence it is comparatively easy to dislodge them. If they are pushed beyond this point they enter a sort of recess, where they are more secure. The best plan to begin with and to persevere with is syringing. An eight-ounce syringe may be used, and while with the left hand the ear is pulled backwards and upwards in order to straighten the canal, the stream of water is directed as far as possible towards any opening that may be apparent between the object and the wall of the canal. Instruments are sometimes necessary, for a bean or pea, or grain, may have become swollen and impacted. Special instruments have been devised, but for my own part I would prefer an ordinary hairpain to anything else. I never use anything else in extracting foreign bodies from the nose. I have seldom known syringing to fail in getting things out of the ear, but if instruments were necessary, I think a hairpin would make a very good snare or vectis, and involve very little risk. Leeches are not so much used now as they once were, but it is probable that they will regain their popularity, and it is as well to bear in mind the possibility of their wandering into the ear. The thing to do is to sprinkle a little common salt into the ear; this causes the leech to shrivel up, and it can then be removed by syringing, or picked out with forceps.

Of diseases that affect the interior of the ear, by far the most common is suppuration. A "running ear" is a thing that should never be neglected. Few conditions contain greater potentialities of mischief. The suppurative process may be spread to the bony part behind the ear, causing mastoid necrosis. It may lead to paralysis of the facial nerve. It may work its way into the brain, causing cerebral abscess. It may give rise to fatal hæmorrhage. In nearly all cases the drum of the ear is perforated and hearing affected. This disease is very common among Indian children. In my own experience it is associated with malaria, in the sense that it is specially common where malaria is rife. It has been suggested that bathing in dirty tanks or rivers may also be a cause. From the other parts of the body the water runs away, but a few drops left in the ears may set up an inflammation that goes on to suppuration.

The treatment of a suppurating ear, if it is taken in time, is easy and usually very satisfactory. The general rule is to begin by cleaning out the ear by syringing, with a four per cent. solution of boracic or a two per cent. solution of carbolic, or simply with warm water. In some cases, however, syringing is not well borne; it causes giddiness, or even faintness. In such cases the matter may be removed by means of a wisp of cotton wool. In any case the ear is to be dried by cotton wool. Pure boracic acid is then applied. The use of an insufflator simplifies the operation and tends to economy in the use of the powder, but an insufflator can easily be extemporised by rolling up a piece of paper, putting the powder into one end, inserting this end into the ear, and then blowing through the other end. A little plug of cotton wool may be inserted if the discharge is not excessive. This is the treatment that may be prescribed for the persons who wish to carry it out in their own homes, and it must be continued, several time a day if necessary, till the discharge has ceased. In the case of patients who are brought, or who come to dispensary for treatment, I use the method that was recommended some years ago by Dr. Rutter Williamson, of Poona,—syringing with formalin, one per cent. in adults, a half per cent. in children. Formalin is a very powerful antiseptic, but I have not seen any evil result from its use in this way, and it seems to me more effective than boracic acid. Iodoform may be used if there is an offensive smell. The odor of iodoform is disliked by most people, but it is less disagreeable than that of a septic otorrhea.

Earache is a common complaint, which may be due to a variety of causes, and the treatment will differ accordingly. Sometimes it is one of the early symptoms of suppuration or inflammation of the middle ear, and this must be kept in mind. (On the other hand, one of the remarkable features about a case of suppuration of the middle ear often is the absence of serious pain in a condition of great danger.) Earache, again, may be the reflex result of a decayed tooth. The tooth itself may not be painful, but if it is decayed, and if it becomes painful when pressure is applied to it, it may very likely be the cause of the earache. In many cases we have just to regard earache as a "neuralgia," and treat it by ordinary soothing applications. "Ringing in the ears" is often associated with recognized diseases of the ear or of the brain, but sometimes it is difficult to account for it. It may be due to a torpid liver, and relief is often obtained from a course of aperient waters, with an occasional mercurial.

A word may be said in conclusion about deafness. It is due either to a defect in the hearing apparatus—that is, in the ear and its appendages—or to an affection of the hearing centres in the brain. Deafness is sometimes due to a very simple defect in the hearing apparatus, such as the accumulation of wax in the ear, which may be removed by

syringing. In a great many cases it is due to chronic catarrh. One of the appendages of the ear is the Eustachian tube, which connects the throat with the middle ear. As the result of chronic catarrh it may become closed, and this interferes with hearing. Politzerisation is the treatment by means of Politzer's bag. The nozzle of the bag is inserted into one nostril and the other nostril compressed. The patient is then made to swallow a mouthful of water. When swallowing takes place, the end of the Eustachian tube that is in the throat becomes patent, so when the patient obeys the word of command to swallow, air is injected into the nostril from the bag, and, if the Eustachian tube has not become quite closed, finds its way into the middle ear. Anyone, however, can do his own Politzerisation. When we blow our noses with energy we sometimes feel the air rushing into our ears, and that is the whole principle and object of Politzerisation. To produce the same result more effectively, the nostrils should be compressed and the mouth closed, and the air should then be expelled from the lungs with some force. It will be felt making its way along the Eustachian tubes into the middle ear. A person who is affected with catarrh and consequent deafness on one side, will feel that the air takes longer to find its way into the ear on that side. If the catarrh is chronic and severe, he may find it difficult to force the air in to any appreciable degree. Politzerisation, natural or artificial, is usually followed by at least a temporary improvement in hearing, and it is always a means of preventing things from getting worse. In connection with deafness due to affections of the nerve centres, quinine deafness may be mentioned as an example. We all know that quinine in fairly large doses causes deafness, which in most cases passes away. In some cases, however, it becomes permanent. It is not possible to foresee this danger, for there are personal idiosyncracies in connection with quinine as well as many other drugs. A dose that may do no harm to one person may do serious harm to another. The moral is to prevent fever by taking small doses of quinine regularly, and by taking other protective measures, so that it may never become necessary to take large doses.—*Nursing Journal of India.*

BABIES' WEEK

During the month of June, spent in Hamilton, I was particularly struck by some branches of new work that offer a province for the service of laymen, physicians and nurses, namely, child welfare.

A smiling little fellow on the front page of every issue of the evening papers, prompted one to make enquiry as to what it was all about, and was referred to the office of the Child Welfare Association of Greater Hamilton. Here questions were answered with the result, that one

desired a closer view of the work—and a summary of information obtained I give you here:

In 1909 the Milk Commission of the Medical Association put on a campaign to reduce the Infant Mortality. A farm close by was secured and the surroundings made as sanitary as possible. Milk was sent to town in individual feedings. This method was not wholly satisfactory, as it was found impossible to have the babies under medical observation. Then, too, the demand for clean milk exceeded all anticipation or provision, and the outcome was the organization of the Babies' Dispensary Guild.

The work of this organization has grown tremendously. The one central dispensary long ago outgrew its initial home, and has headquarters at the City Hospital, where clinics are held for the children in the centre of the city. Four clinics held in schools are to accommodate the people of the outlying districts. The staff of four nurses and a secretary are very busy, as the following figures obtained from one of the nurses will prove:—

Since the beginning of the work—

1850 babies have attended the clinic;
491 new patients were admitted last year;
304 is daily average under care;
4982 visits were made during the year;
105 pre-natal cases instructed and supplied with layette;
92 cases were referred by different organizations;
5571 quarts of dairy milk were supplied free.

The work of the nurse on her first visit is to demonstrate the preparation of the food, making the best use of the utensils available. Subsequent visits are to watch the progress of the child and suggest hygienic care as required.

All visits are reported to the office; change of condition, etc., tabulated on the child's chart.

When the dispensary first started its work, certified milk only was prescribed, but the work of the commission has had its effect, and now any milk can be ordered and, with proper handling, results are good.

The interest in this work broadened as the babies grew—and two years ago the Child Welfare Association of Greater Hamilton was organized.

During this campaign week any interested in the "Better Children" Movement are invited to the central office, to go visiting the various institutions where children are living. This includes trips to the hospitals, orphans' homes, sanitorium, shelter and the public schools.

Moving pictures on subjects of health were given free, and a physician was in attendance at every show to answer any question that

might be asked. Lantern views and health talks were given in the schools in the suburbs in order to spread this gospel of right living as much as possible. One could write at length of the work of any one of the institutions visited, but it was "Babies' Week"—and he was everywhere, even at the picnic in Dundurn Park—the grand finale of the week. Fully 25,000 people were there. The schools had a half holiday and, judging from the crowded grounds, all the children were there. Amusements on all sides kept all entertained. The boys, in drills, pie and biscuit eating contests, races, worked off considerable energy and were glad to go home by six o'clock. The girls, in races, drills and dances, the prettiest of all these was the Maypole, were busy and happy too.

The Women's Board of the Babies' Dispensary had a tent erected on a point overlooking the bay, where tired mothers who take their babies to the Dispensary, were admitted by ticket. They rested, fed the little ones, and were served themselves. The wee babies here, all less than two years, were very attractive. One wanted to linger, but mine host reminded me there were other attractions.

The Red Cross tent took care of lost children, and these presented an interesting psychological study. They came from every direction, 200 of them, were carried, coaxed, and the frenzied ones dragged to this haven.

The nurses in charge used every method dear to the child heart to comfort them. A chocolate in one hand and a cake in the other usually helped the majority to a condition of control again. It was a happy week for the children.

To the nurses in touch with the work, this may not seem as important as it was to me, who has been outside of it for a number of years.

I have written this hoping that it will inspire some one to organize a Child Welfare Association in their home town. When this is done, we will then be doing our best for the children, and we need everyone of them. Then, too, we would be better able to look after the newcomers —who will come to our country after the war.

In anything that makes for the better care of children, no woman should be more alert than the professional nurse, and I am sure she is, hence the above. D. E.

CORRESPONDENCE

Toronto General Hospital, July 8, 1916.

To The Canadian Nurse:—

The fifth Annual Meeting of the Canadian National Association of Trained Nurses was held in Winnipeg, June 15 and 16, 1916. Al-

though so many nurses are overseas and the rest are very busy, the convention proved to be the most successful and representative that has ever been held.

The first meeting was a joint meeting with the Canadian Society of Superintendents of Training Schools for Nurses held on the opening day of the Convention, Tuesday, July 13, at 2.30 p.m. Miss Gilroy, President of the Manitoba Graduate Nurses' Association, presided. Addresses of welcome were given by His Honor the Mayor of Winnipeg, James A. MacLean, Ph.D., LL.D., President of the University of Manitoba, Mr. R. T. Riley, President of the Hospital Commission, and Dr. H. H. Chown, Dean of the Manitoba Medical College.

Mrs. R. Bryce Brown, President, replied to the addresses and thanked the people of Winnipeg for the very courteous reception extended. The next meeting opened at 2.30 p.m., Thursday, June 15, and was a business meeting. The reports of the different committees were read and left for discussion on the following morning. The evening meeting opened at 8 p.m., and several interesting papers were read. Miss E. I. Johns, of Winnipeg, read a paper on "The Power of the Professional Press." The delegates present felt that such a paper should bear fruit and encourage our nurses to support the nursing magazines, especially The Canadian Nurse.

Another excellent paper on "The Juvenile Delinquent" was written by Mr. Robert C. Dexter, Charity Organization Society, Montreal, and read by Miss DesBrisay, of Montreal. A very instructive half hour was spent in the discussion of the progress toward Nurse Registration in the different provinces, none having yet obtained the ideal.

Others papers were "Pre Vocational Education, Its Value and Effect on Abnormal Children," by Mr. Lang, Vancouver, and "Physician's Part in Training a Nurse" by Dr. A. W. Rigg, Vancouver.

The meeting Friday morning, June 16, was a business meeting. Several questions of importance were discussed, the most important of these being the discussion on the advisability of the Association purchasing The Canadian Nurse and publishing it as the official organ of nursing affairs in Canada.

The Association decided to purchase the magazine and the necessary details of the transfer were left to the Executive Committee.

The report of the Committee on Public Health caused some discussion and it was decided to recommend that a standing committee be arranged when the By-laws were revised.

The question of the care of nurses returning from active service unable to work, was also brought before the meeting. The President was appointed to confer with the National Council of Women on the subject. The report of the Secretary concerning untrained women

being sent to active service as nurses, resulted in a decision to send to Sir Robert Borden a resolution of disapproval of any nurse being sent to active service except a properly qualified graduate nurse.

The Treasurer's report showed a balance of $461.21.

The afternoon meeting provided an opportunity for more interesting papers. "The Unmarried Mother" by Miss Harriet Broderick, Montreal, "Pioneer Nursing in the West" by Miss Moodie, Calgary, "The Private Duty Nurse" by Miss Pront, of Portage La Prairie. The delegates took this opportunity of extending very hearty votes of thanks for the hospitality of Winnipeg and especially to the nurses of Winnipeg for the time and work they had spent in the arrangements. The delegates present felt that the comfort and pleasure experienced by all was entirely due to the efforts of the Arrangements Committee. It is quite impossible to give a report of the many pleasures and the following seems most inadequate to give the nurses not fortunate enough to be present an idea of the enjoyable functions the delegates attended. On the afternoon of Tuesday, the Alumnae Association of the Winnipeg General Hospital gave a most enjoyable tea at the Royal Alexandra Hotel. In the evening the Physicians of Winnipeg, took the delegates for a motor ride through the city.

On Wednesday afternoon a tea was given by the St. Boniface Hospital Alumnae Association in the Hospital, special cars were provided from the Alexandra Hotel to the Hospital. The delegates were given the opportunity of seeing the hospital, the new wing of which proved of interest to all. In the evening the Board of Managers of the Winnipeg General Hospital entertained the Association in the Nurses' Residence where a very enjoyable evening was spent. On Thursday afternoon the delegates enjoyed a motor ride through the parks of the city, and afterward tea at the City Hospital. This afternoon's pleasure was arranged by Mr. R. T. Riley, of the Hospital Commission.

Friday afternoon, Lady MacMillan, who is interested in the Victorian Order of Nurses, entertained the delegates in her residence, where a most refreshing hour was spent. In the evening which was also the last evening of the Convention, a banquet was given in the Royal Alexandra Hotel, by the Manitoba Graduate Nurses' Association. This function should have special mention and a short report may prove of interest. The President, Miss Gilroy, acted as chairman and introduced the different speakers in a most original way. Miss Gray, of Winnipeg, proposed a toast to the Canadian National, to which the President, Mrs. Brown, responded. Miss Moody, of Winnipeg, proposed a toast to the Canadian Society of Superintendents, to which Miss Randal, the President, responded. Mrs. Bond spoke of the members on active service. Mrs. Bond has been a military nurse and understands the many hardships our nurses are so bravely meeting.

After the singing of the National Anthem, and "O Canada," the Convention adjourned to meet in Montreal, in 1917.

The following list of Associations which were represented by delegates will give some idea of the interest taken by the members:—

Canadian Society of Superintendents of Training Schools for Nurses, represented by Miss Hersey; Vancouver Graduate Nurses' Association, represented by Miss Stoddart; Graduate Nurses' Association of Edmonton, represented by Mrs. Armstrong; Graduate Nurses' Association of British Columbia, represented by Mrs. Brown; Graduate Nurses' Association of Ontario, represented by Mrs. W. S. Tilley; Graduate Nurses' Association of Thunder Bay District, represented by Mrs. Blackman; Graduate Nurses' Association of Manitoba, represented by Miss Champion; Graduate Nurses' Association of Alberta, represented by Mrs. Armstrong; Graduate Nurses' Association of Medicine Hat, represented by Miss Winslow; Graduate Nurses' Association of New Westminster, represented by Miss Colvin; Canadian Nurses' Association, Montreal, represented by Miss DesBrisay; Graduate Nurses' Association of Saskatchewan, represented by Mrs. Westman; Graduate Nurses' Association of Calgary, represented by Miss Smith; The Florence Nightingale Association of Toronto, represented by Miss Wardell; Grace Hospital Alumnae Association of Toronto, represented by Miss Rowan; Hamilton City Hospital Alumnae Association, Hamilton, represented by Miss Laidlaw and Mrs. Reynolds; Hospital for Sick Children Alumnae Association, Toronto, represented by Miss Jamieson; Kingston General Hospital Alumnae Association, represented by Mrs. W. S. Tilley; Royal Victoria Hospital Alumnae Association, Montreal, represented by Miss Hersey; Toronto General Hospital Alumnae Association, represented by Mrs. Aubin; Toronto Western Hospital Alumnae Association, represented by Miss Ellis; The St. Boniface Hospital Alumnae Association, Winnipeg, represented by Miss Stark; The Vancouver General Hospital Alumnae Association, Vancouver, represented by Miss Randal; The Victoria Nurses' Club, represented by Miss Randal; Winnipeg General Hospital Alumnae Association, represented by Miss Johnson.

The following Associations were not represented:—

Graduate Nurses' Association of Eastern Townships; Gradute Nurses' Association of St. John, N.B.; Graduate Nurses' Association of Sarnia, Ont.; Graduate Nurses' Association of Nova Scotia; Graduate Nurses' Association of New Brunswick; Berlin & Waterloo General Hospital Alumnae Association; Collingwood General & Marine Hospital Alumnae Association; General & Marine Hospital Alumnae Association, St. Catharines; Montreal General Hospital Alumnae Association; Nicholl's Hospital Alumnae Association, Peterboro, Ont.; Ottawa General Hospital Alumnae Association; Riverdale Hospital

Alumnae Association, Toronto; St. Michael's Hospital Alumnae Association, Toronto; Victoria Hospital Alumnae Association, London, Ont.

Officers Elected for the Year 1916-1917

President, Mrs. R. B. Brown, New Westminster; 1st Vice-President, Mrs. Pafford, Toronto; 2nd Vice-President, Miss Hersey, Montreal; Treasurer, Miss H. A. DesBrisay, Montreal; Secretary, Miss J. I. Gunn, Toronto.

Councillors—Miss Bella Crosby, Toronto; Miss Goodhue, Montreal; Miss Madden, Hamilton; Miss M. E. Retallick, St. John, N.B.; Mrs. Tilley, Brantford; Miss Gray, Winnipeg.

The full report of the Convention and the different papers read will be printed in a later issue of The Canadian Nurse.

EXTRACTS FROM LETTERS FROM NURSING SISTER HELEN McMURRICH, "SOMEWHERE IN FRANCE."

Mobile I. Section Postal 21.

You need not wish I was in England, for really I am quite as safe here as I would be there. The work now is nothing to what it was at the beginning of the war. There is a nurse here who had 18 patients die in 24 hours—218 patients in one day—she never sat down for 72 hours. That is what it used to be like, now it is quite different. Everything is organized, the wounded are looked after immediately, and I believe this is one of the best hospitals near the firing line.

A few days ago another nurse and I were out walking and from a bridge crossing a river near here, we saw a Taube being chased by a French aeroplane. It was most exciting, for although we could not see the guns, we could hear the reports, and saw the circles of smoke in the air. Further on we were looking for trenches and we saw the spot, just like a ground-hog's burrow, where a bomb had landed and gone away down out of sight without exploding. It must have been one of the French bombs fired at the Taube. We often see huge "sausages" or observation balloons, which have telephonic communication with the earth and have seating capacity for two men who are "look outs." And did I ever tell you about the aeroplane that visited us? Early in the year one of the patients in Salle III was an English aviator who, having had an accident nearby, was allowed to remain with our French patients until he was better. One fine day in May, when nearly every patient in the hospital was out of doors, we saw an aeroplane soaring over us, very high up. Patients in their beds, others on stretchers and many with their wounds receiving "soleil treatment" (exposed to the sun's rays) all had a glimpse of it. At dinner time we heard the sound coming nearer, and suddenly a great commotion out-

side. Everyone who could walk had gathered around the duck pond into which something had fallen. It proved to be an empty shell wrapped up, and carrying inside a letter to the infirmiere, wishing good luck to all at Mobile I. We were all vastly amused and pleased.

Another day not long ago a sergeant came up to me in great excitement. "Mademoiselle, le Roi de Belgique arrive!" I thought he said "trois de Belgique" meaning three new patients, but then he came back and said, "Non, Mademoiselle, c'est la Reine de Belgique!" and sure enough we saw Her Majesty the Queen of Belgium entering the salle furthest away from us. Such a hustle, bustle and tidying up then took place, but we were quite ready for her when our turn came. She was accompanied by a count and a gendarme who remained on guard outside each salle when she entered it, and carried huge bundles of Black Cat cigarettes for the "malades." We were all much impressed with her sweet, gentle manner, and simple attire. She wore a dark skirt, a long navy blue coat, and a khaki-colored scarf wound around a small hat and fastened with two gold bar pins studded with diamonds, but not conspicuous. She shook hands with all the nurses and patients and I wish you could have seen the delight of the Belgian women refugees who look after the cleaning of our baraques, etc., when the Queen shook hands with them and spoke kindly words of greeting to all.

One day last week when I came off night duty at 8 a.m. I decided, with permission from headquarters, to take a day off instead of sleeping, and try to find a place where I had been told some Canadians were stationed. I hunted it up on the map and after marking down the names of the hamlets through which I should pass, I started on my journey. The air was beautifully fresh, and with the anticipation of a real holiday instead of a sleep, I appreciated to the full the beauties of nature, even though this part of Europe is said to be the least interesting as regards scenery. After a while a rambling covered cart carrying boxes of tools, boots to be mended, parcels to be delivered, etc., came along the road—I asked the driver, who was perched up on a very high seat, if I could have a lift. He politely offered me a seat on a box inside or on a plank projecting beyond the hind wheels, I tried both, and after about fifteen minutes I can tell you it was a treat to get out and walk. At intervals I rested by the roadside, read a magazine and ate chocolate and biscuits. Then after a while I met a nun carrying a quaint covered basket on her arm, of course being "sisters" we stopped for a chat, and she was much interested in hearing that I came from Canada—I believe she thought I was a Roman Catholic, for she asked me why I was alone—you know nuns always go about two together—she would have been surprised to see me later on perched up on the front seat of a motor lorry between two big Britishers, with

another standing on the step, who took me the rest of the way. I was disappointed not to see many Canadians, but I shall never forget the ones I did find—they were so glad to see me and we had such a good chat about "home." On the way back luck was against me, I only got one lift, but that was quite interesting. An English officer in command of several regiments stopped his big limousine and asked in French if he might take me part of my journey. When I answered him in English he greeted me as though we had known one another for ages. He had two hampers at his feet, and asked me to share his dejeuner. Then when we stopped at an inn he asked me to have some refreshment—both of these invitations I declined, though I was longing to see and taste what was in that hamper.

Being tired and hungry I stopped at a bakeshop in a tiny village, for currant buns and milk. Near there I found what looked like a small town hall, and proved to be a temporary hospital. In one room I found twelve or more British soldiers on stretchers supported by trestles. Each man had two brown blankets over him, and all were cheerful. It seemed quite strange, but so nice, to talk to a sick patient in English. I told one man the story of Pollyanna saying, "Aren't you glad you're not a centipede?" He had a broken leg, but was smiling. I got back to our hospital about 4.30, feeling rather weary, but my "day off" was well worth a few aching bones.

In closing I must tell you how wonderful it has been to receive so many delightful surprises in the way of supplies and money from so many different sources, but especially from my own loved Canada.

The second Canadian Unit sent to assist the French Flag Nursing Corps, has been sent to Talence Hospital, Bordeaux, France.

An improvised wheel chair, devised by Mrs. H. E. Hayward of the Indianapolis Public Health Nurse Association, consists of an ordinary rocking chair, with two pairs of roller skates firmly strapped to the rockers. As roller skates are to be found in most families, this suggestion may be helpful to the private nurse.—*The American Journal of Nursing.*

Editorial

THE CANADIAN NURSE

The Nurses of Canada will know long ere this that the Canadian National Association of Trained Nurses decided, at the convention in Winnipeg in June, to become the owners of The Canadian Nurse. Thus one ideal so long held by The Canadian Nurse Editorial Board has been realized and the Board wishes the National Association every success and the hearty co-operation of all the nurses of Canada.

Every nurse in Canada can and should assist the National Association in this new work and make The Canadian Nurse a truly national magazine, of which all may be proud.

THE NEW EDITOR

The Canadian National Association of Trained Nurses, at the convention in Winnipeg, appointed Miss Helen Randal as editor of The Canadian Nurse.

Miss Randal, who is a graduate of the Royal Victoria Hospital, Montreal, Class '03, is President of the Canadian Society of Superintendents of Training Schools for Nurses, for the second term. She has held the position of Superintendent of Nurses in several hospitals in the United States, and for the last four years in Vancouver General Hospital. Miss Randal brings to her work her own charming personality, a splendid executive ability, and an enviable amount of enthusiasm which will ensure her success in her new work.

We would bespeak for Miss Randal the same kind interest and loyal support which we have so enjoyed for the almost six years of this work.

We wish Miss Randal every success, and the magazine every prosperity and the success that will make it one of the most valued organs of the profession.

Miss Randal's address is Box 283, New Westminster, B.C.

OUR LAST ISSUE

This issue closes the work of the present Editor, and it only remains for her to bid a kindly farewell to all her faithful contributors and helpers who have done so much during these years to make her task possible. The friendships formed have been no small part of the compensation for the work she has striven to do, and these will always be prized. Our best thanks to all, and to all a kindly farewell.

Don't forget that the new Editor is Miss Helen Randal, Box 283, New Westminster, B.C., and that she will be glad to receive your contributions.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.
(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

REPORT OF THE PROCEEDINGS OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING AT THE NEW ORLEANS CONVENTION.

By Ella Phillips Crandall, R.N., Executive Secretary.

The fourth annual convention of the National Organization for Public Health Nursing, recently held in New Orleans, was marked by a record attendance, its notable members, and by a splendid enthusiasm. The programme gave formal hearings to public health nursing under government control, organization and administration of public health nursing, medical social service, tuberculosis and mental hygiene nursing, and public health nursing education. The first was presented to a large evening audience, and furnished papers of permanent and far-reaching value on public health nursing under municipal, county, and state control. They represented Jacksonville, Fla.; Los Angeles, Cal.; Baxter county and San Antonio, Texas; and the State Department of Health of Ohio. Almost as a corollary to this general subject was that of health insurance with nursing care, by Miss Olga S. Halsey, of the American Association for Labor Legislation. These papers not only gave proof of what can be done, but clearly pointed out how great is bound to be the extension of public health nursing in the near future under pressure of public demand.

The most important in its immediate effect was the session on public health nursing education, to which were added two papers in a joint session with the National League of Nursing Education. These resulted in a unanimous vote of the League to take steps at once toward the introduction of a very modest introductory course into qualified schools of nursing. About half of the course is to be required of all students and the other half elective for seniors. The joint programme on mental hygiene has doubtless been presented to the readers of The Modern Hospital. In the report of the league it marked a significant step forward, especially in education of all nurses in mental nursing.

In addition to the formal sessions, there were eighteen round tables, representing all other sections of the organization, such as records and statistics, visiting nursing, school, infant welfare, prevention of blindness, and industrial nursing, together with various others on rural visiting nursing, technic, and publications. While the programme meetings, with their enlightening and stimulating papers from experts from all parts of the country, enlarged the vision of all in attendance, and gave them a new sense of the great opportunity in public health nursing, the most definite suggestions for their own particular problems came from the free give-and-take of round table discussion, where practically no papers were read. Almost every round table session felt that one such meeting for their group was not nearly enough, and in each instance a second one was allowed. The attendance at these group meetings varied from fifty to one hundred and fifty. It is impossible on paper to do justice to the eager, enthusiastic seeking spirit shown at these meetings.

The more important findings of the convention were: the adoption of a standard record card for general visiting nursing service, and instructions to the committee to prepare during 1916-17, in conjunction with the several standing committees, standard cards for the special forms of public health nursing, monthly and annual report forms, and a standard financial statement; the extension of visiting nursing to include hourly service wherever practicable; the ruling against relief giving as a function of any public health nursing service; and providing for relief committees to co-operate with nurses in small communities, which shall not be a part of the visiting nursing association; the recommendation of publication of a manual on the technique of visiting nursing; the inclusion of the Public Health Nurse quarterly with membership in the national organization; the publication of the Bulletin every two months instead of once a quarter; the announcement of Miss Gardner's book on organization and administration of public health nursing early in the autumn; the approval of a national charter, and biennial instead of annual meetings after 1918.

The most significant resolutions passed were: (1) that addressed to the General Federation of Women's Clubs, requesting clubs and federations—local, state and national—to earnestly consider the extension of public health nursing as their next great field of endeavor, which would be a logical sequel to their co-operation with the Federal Children's Bureau in the promotion of "Baby Week" last March; (2) the indorsement of the Jones bill, S. 5408, providing for a woman's division within the federal department of labor; (3) that favoring health insurance under state control and providing for nursing benefit; (4) that in memory of Dr. Henry Baird Favill and Dr. Theodore Sachs.
—*The Modern Hospital.*

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.
First Vice-President—Miss Colley, 23 Hutchison St.
Second Vice-President—Miss Dunlop, 209 Stanley St.
Secretary-Treasurer—Miss Des Brisay, 638A Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield St.
Reading Room—638A Dorchester Street West.

This prescription was sent to me from England yesterday:

A Certain Cure for the German Measles:—Mix some Woolwich Powders with Tinct. of Iron, or essence of Lead, and administer in pills (or shells). Have ready a little British Army (a little goes a long way). Some Brussels Sprouts and French Mustard. Add a little Canadian Cheese and Australian Lamb, and season with the best Indian Curry. Set it on a Kitchener and keep stirring until quite hot.

If this does not make the patient perspire freely, rub the best Russian Bear's Grease on his chest and wrap in Berlin Wood.—Dr. Cannon's prescription.

P.S.—The patient must on no account have any peace-soup until the swelling in the head has quite disappeared.

Miss Hersey, Miss DesBrisay and Miss Fairley attended the convention in Winnipeg.

At the sixth Annual Meeting of the American Association for the Study and Prevention of Infant Mortality, held in Philadelphia, October, 1915, the Midwife Problem came in for a great deal of discussion, and very valuable information may be gleaned from the reports and discussions.

Canada, up to the present, has no midwife problem, and those who wish her well, hope sincerely that she will never have one. From time to time, however, interested people, more zealous than wise, as so often happens, are seized with the desire to bring out a ship-load of midwives from the Old Land and let them loose in the West, to wreak all the mischief that ignorant women, unsupervised, but entrusted with the most valuable lives in the country, can wreak. For that reason, it is well for our nurses to know something of what is implied in suggestions of that kind and also to know what others have found out and how the subject is regarded by other minds. Dr. J. Clifton Edgar, of New York, finished his paper on "The Education, Licensing and Supervision of the Midwife" with the following conclusions: 1. The midwife should have no place in modern medicine or surgery. 2. For the present the elimination of the midwife is an impossibility. 3. The midwife is to-day a necessary evil, for traditional, society and economic reasons, attending as she does about forty per cent. of the confinements of this country. 4. The education of previously ignorant and untrained women to be midwives, in courses of three to six months' instruction, is an impossibility. 5. The solution of the midwife question in the rural and outlying districts, is to be found in the inclusion of midwifery service in rural district nursing, should a physician be not available. 6. Control of the education, licensing and annual renewal of license should be in the power of the State Board of Health or State Board of Education. Supervision of the practicing midwife by the local Boards of Health, and annual renewal of license to depend upon

the midwife's record for the year. 7. State licenses, State control, high standard of education, annual renewal of license, critical and constant supervision of the midwife; encouragement to trained nurses to take out midwife licenses and further extension of dispensary maternity services, will mitigate the midwife evil, reduce the ranks of the midwife, and render the remaining ones less a menace to the country, and pave the road for their final elimination.

Dr. Baldy, of Philadelphia, takes the stand that the midwife evil does exist, that it cannot be entirely eliminated, even by legislation, but may be minimized in two ways: (1) By education and control of the midwife, (2) By education of their clientele.

Dr. De Lee, of Chicago, in his address on "Progress Towards Ideal Obstetrics," states very emphatically that he is fundamentally opposed to any movement designed to perpetuate the midwife. His reasons are: (1) The midwife destroys obstetric ideals. She is a drag on our progress as a science and art. (2) The midwife is not absolutely necessary at the present time. (3) European countries, for centuries, have been trying to bring the midwife up to a tolerable standard and, measured even by their low ideals, have failed miserably. His summing up is: "I conclude—I am heart and soul opposed to any measure which is calculated to perpetuate the midwife. In educating her, we assume the responsibility for her, we lower standards, we prostitute ideals, we compromise with wrong, and I for one refuse to be particeps criminis. We, for the lesser evil, lose the greater good. Finally, she is not a necessity. The rural districts are already getting along very well without her. The foreign population of the cities is being taken care of better every year, and as their education improves, will also learn to do without her."

Canada's problem is to build so that she may make progress towards ideal obstetrics. She can do it, if she will. She can learn from the experience of older lands, and so avoid a reckoning which would reveal that she has "lowered standards, prostituted ideals, or compromised with wrong."

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent. 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, One.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES

Alberta.

The twelfth annual meeting of the Calgary Association of Graduate Nurses, was held on June 8, 1916. Thirteen members being present. Six new members were enrolled. The treasurer's report was read and her resignation received with regret. It was decided to close the office of the Association between the hours of 10.30 a.m. and 1 p.m., and 7 p.m., and 9.30 p.m., on Sundays. A discussion arose re nurses' fees to the Association and it was voted that every member engaged in private nursing in the city pay an annual fee of $10. The registrar reported 74 members, 50 of whom were engaged in private work and 24 in permanent positions; 31 of these have joined the Association since June, 1915. During the year the members have been privileged to listen to lectures from three doctors, and also to hear Miss McPhedran explain the Registration Bill. In February, a very successful card party and dance was held, and in August, 1915, a picnic. Throughout the year our members have met fortnightly to work for the Red Cross at the General Hospital. The calls through the Registry for nurses have increased 100 as compared with last year. There is a spirit of goodwill and unity among our members and we are hoping to become an association of much usefulness and help, both to doctors and nurses. The election of officers for the ensuing year resulted as follows:—President, Miss Mundie; Vice-President, Miss Griffis; 2nd Vice-President, Miss Prichiell; Treasurer, Miss Grace Wilson; Registrar and Secretary, G. E. Turner.

Ontario

The Alumnae Association of the Woodstock General Hospital Training School for Nurses, held their annual meeting and election of officers on June 19, 1916, in The House of Nurses.

The reports were interesting and showed an active and progressive year. A large number of members were present. The following officers were elected for the year:—Honorary President, Miss Frances Sharpe; President, Mrs. V. L. Francis; Vice-President, Mrs. A. T. MacNeill; Recording Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Anna Elliott; Corresponding Secretary, Miss Kathleen Markey; Treasurer, Miss Winnifred Huggins; Representative to The Canadian Nurse, Miss Bertha Johnston. After the usual routine business the meeting adjourned.

Peterboro—The graduation exercises for the 1916 Class of Nurses of the Nicholl's Hospital Training School, were held in the conservatory of Music Hall on the evening of May 16, 1916. A large number of the friends of the nurses, members of the Medical Association and clergymen of the city were in attendance. Mr. Richard Wall, chair-

man of the Hospital Board, presided. He paid tribute to the medical staff, to the nurses and to the successful work of Miss Beamish, who a short time ago was granted leave of absence in order to go overseas.

The address was delivered by Canon Cornish of St. John's Church, who added his tribute to the nursing profession, dwelling upon the great characteristics of the nurse, whose work went hand in hand with that of the physician and the minister, and asked the nurses to keep in mind the great and noble traditions of the profession.

Mr. Hall conferred the diplomas and medals on the nurses who were: Misses Mary A. Phinn, Eva Agnes Spiers, Gertrude F. McCallum; Helena E. Brown, Ada A. Kemps, Flora A. Stuart, and Mildred Drope. Dr. Mann then addressed the graduates and in a most sympathetic manner counselled them in matters appertaining to their professional work.

The presentation of the bandaging prizes to Miss McCallum and Miss Spiers, was made by Dr. J. A. Morgan.

In the musical programme, Miss Dorothy Allen and Mr. Douglas Carlyle, contributed vocal solos, Miss Edwina Palmer, violin selections. The accompanists were Mr. John Crane and Mr. John Allen.

The evening closed with a very pleasant social hour and refreshments.

The graduates on service overseas are: Gertrude Reid, Pansy Roberts, Francis Smith, Julia Hill, Elsie Willison, Bertha Mowry and Mabel Douglas.

Miss Shaver, former secretary for the Chapter, has been ill for many weeks. She has our sincere sympathy.

The unit to which Miss Mowry is attached has been moved to France.

Hamilton—The graduating exercises of the Hamilton City Hospital Training School for Nurses, took place on the afternoon of June 8, 1916.

A large open tent was erected on the lawn near the Nurses' Residence for the event. Following a prayer, offered by Captain Rev. A. H. MacGillivray, the chairman, Mr. T. H. Pratt, made a brief congratulatory address. Dr. W. F. Langrill administered the Florence Nightingale pledge to the graduates. Dr. J. K. McGregor presented the diplomas and Rev. E. J. Etherington, the medals.

W. H. Wardrope, K.C., presented the Mary McLaren House Scholarsharp of $50 in gold, to Miss Eva Nash. He also delivered an inspiring address.

During the afternoon an enjoyable musical programme was rendered and following the exercises, tea was served. In the evening an informal dance was held at the Nurses' Residence.

The graduates class is as follows: M. C. Moore, R. H. Trott, C. M. Taylor, A. Weber, H. Wright, F. E. Ghent, M. E. Hemus, J. M. Arm-

strong, E. Richardson, E. Main, L. W. McKinley, G. E. MacNamara, M. M. Albright, M. E. Waddell, T. A. Horning, F. S. Faustmann, E. Greenwood, E. Nash, D. M. Tree, M. E. Longley, A. C. McDonald, R L. Galloway, E. G. Galloway, T. R. Lanaway, A. A. Hunt, G. Taylor, G. Healmy, G. T. Gramond and M. O. Smith.

The weekly meetings held at the Nurses' Residence for Red Cross work, have been discontinued for the summer months. Last month two boxes were sent to the Hamilton Military Hospital containing the following supplies—Gauze, 900 yds.; absorbent, 24 rolls; batting, 4 lbs.; factory cotton, 88 yards; thread, 2 boxes; adhesive, 2 boxes; Bellwood gauze, 1½ rolls; stripe wringers, 4 pkgs.; tape and thread.

Miss Margaret Walker, H.A.H., is doing school nursing at Swift Current, Sask.

Miss B. Meruman, R.V.H., who is with the C.A.M.C., is in England, enjoying short leave with her brother, Sub.-Lieut. H. O. Meruman, of the Royal Naval Air Service.

Miss Isabella Laidlaw and Mrs. M. Reynolds, attended the convention at Winnipeg, and are having a pleasant Western trip.

An interesting letter has been received from Miss Catherine E. Irwin, H.C.H., with the C.E.F., announcing her safe arrival in England.

Miss Marie Galbraith, graduate of St. Michael's Hospital, Toronto, Class '13, has returned to Toronto to do private nursing.

Miss Chalmers, St. M. H., Toronto, sailed for home in Scotland, in June, and will be away for four months.

Miss M. I. Foy, St. M. H., Toronto, of the Toronto Public Health Nursing staff, has obtained six weeks leave of absence for the purpose of taking a further course of public health nursing in the Normal School, Cleveland, Ohio.

Miss Marie Ballantyne, St.M.H., Toronto, has been given an appointment on the City Public Health Nursing Staff.

Life is not so short but there is always time for courtesy. —*Emerson.*

An excellent lotion for the hair.—1½ oz. acetic acid, 1 oz. spirits of rosemary, 1 oz. glycerine, 2 oz. Eau-de-Cologne, and 4 oz. rosewater.

To cure ringworm.—Wash the infected area with a solution of soda bicarb. Swab it with ether and paint with iodine; when this has dried on apply ethyl chloride, spray till the skin is white.

ETHICS—THE PROBATIONER

By Sara E. Parsons, R.N.
Boston, Massachusetts

"There is no higher mission in life than nursing God's poor. In so doing a woman may not reach the ideals of her soul, she may fall far short of the ideals of her head; but she will go far to satisfy those longings of the heart from which no woman can escape."—William Osler.

Presumably she enters a training school with a desire to qualify for the work. It is seldom that she approaches a hospital in a purely experimental attitude. She believes a nurse's life will be hard, that there will be many disagreeable tasks in connection with it, but she does feel that she will be doing something worth while and she hopes to please and be accepted at the end of her probation.

She is seldom prepared for the exacting routine of the life, for the personal criticism that is often brusquely given, for the official differences among the various hospital workers and only one who has gone through it can quite appreciate the strangeness and sometimes the unpleasantness of it all. Often during the first few days many a nurse would have fled before she had had a chance to really know what the work was like, if it hadn't been for the fear of ridicule from friends who would say, "I told you so!"

The probationer will need to keep her ideal constantly in mind and dedicate a few minutes every day to its contemplation because there will seem to be myriads of hands pulling it down. There are so many things that come before the actual act of relieving suffering and assisting at critical operations! The making of beds, one's method of hair dressing, one's posture, etc., have assumed an almost grotesque importance as it seems to the young probationer. Thrown on her own class for society, when she is in a strange place, a long way from friends, she is in great danger of making unwise intimacies. Many attractive and entirely reputable individuals may prove not to be the most desirable and helpful friends. It is much easier to involve one's self in an intimacy than it is later to extricate one's self from it, so it is wise to refrain for some time from an intimacy that will warrant intrusion or time-consuming visits. It is better to be somewhat lonely at first than to form premature friendships.

The probationer needs to realize that the rules are commands and not merely suggestions and that they are to be obeyed literally. If she is not willing to accept them in this way, or if she finds them unreasonable or obscure, she should go with her problems to the superintendent. It is a matter not only of duty but of courtesy, while a probationer, to conform to the rules and when once accepted as a pupil in the school, which involves loyalty to the institution, her obedience becomes a matter beyond question.

The probationer is usually fairly discreet, often awed by her new surroundings and conscious of the fact that she is on trial. If she errs at all, it is apt to be in her social relations with the other probationers rather than in her conduct with or towards her instructors. It is often hard for those who should become acquainted with the probationers to get a real knowledge of them on account of the unnatural relations established by the probationary system.

Unless a probationer is unusually sophisticated and quite sure of her ability to stand the test of a preliminary course, or is indifferent toward the final decision, she is almost sure to be at a disadvantage. Her best and her worst qualities may be obscured. The person who has by far the best opportunity to judge of the probationers' moral qualities is the practical instructor who has the class in the most intimate relationship for the longest continuous period of time. During this preliminary period of test, the probationer must realize that she is entering a new world where life and death may depend upon the intelligence, fidelity and accuracy with which the work is done. Efficiency and accuracy demand the closest attention to business every minute when "on duty." It is to insure this attention that the nurses and doctors are required to conform to certain rigid rules of conduct.

Hospital etiquette. This consists of the professional recognition of the relation existing between the subordinate and a superior officer. In its perfection the subordinate will be alert in rising to a superior and she will show by her expression and attitude that it is her pleasure to be of assistance to the other. This is rendered easy if the superior officer is courteous and dignified in his or her behavior. However that may be, a nurse should never permit herself to be remiss in her own professional attitude and if she rightly appreciates the true significance of hospital etiquette she can adapt herself to the rather unusual situations with a pleasant dignity and without servility.

Our system of official distinctions with its military etiquette has the disadvantage of giving an artificial importance to the person who happens to be the superior officer. It is a strong character who is not unduly exalted by the attentions and obvious deference that are paid to his or her position and it is a strong character who, as a subordinate, conscious perhaps of more natural ability, of superior refinement and birth, can show respect for the office regardless of her personal opinion of the man or woman who fills it.

Every nurse permanently or temporarily in charge of a ward will regard herself as a hostess to all others who visit the ward. To orderlies and domestics the nurses' attitude should always be considerate and dignified. These members of the hospital staff, if they perform their duties conscientiously, are worthy of every one's respect and their work should not be made more difficult by inconsiderate treatment on the

part of nurses. There are many small ways in which the nurse can show just consideration for her co-workers that will win their respect and interest. The nurse who will pick up after herself in the kitchen or put the tins soaking after she has emptied them, who will speak appreciatingly when the maid has made a special effort to do her work well, is exercising tact and kindness and establishing a habit that will serve her well in many difficult situations. The nurse who thoughtlessly calls an orderly away from one patient with whom he is working to do something for another which she might do herself, is creating antagonism and dislike toward herself on the part of the orderly that does not make for harmony.

Familiarity, coaxing or flattery are never necessary or permissible and if indulged in show lack of judgment or breeding. We are all susceptible to considerate, courteous treatment, even they who are large minded enough to do their duty when working with those who disregard courtesy.

Rules. Aside from the ordinary rules that are needed to regulate the institutional life, a few special ones have been found desirable in most places.

Never borrow as a habit and never without permission of the owner of the article borrowed. Borrowing is nearly as bad as stealing, when one appropriates another's property without permission. The consequences are often as serious.

Social relations with men. Whatever the rules of the school are, nurses must expect to obey the mwhen connected with it. If the rules prohibit the acceptance of social attentions from men in the hospital, they are for the best good of the nurses and the work of the hospital. If men could be relied upon always to treat other women as they would wish their sisters treated, or if social relations between the young men and women in hospitals never interfered with the performance of duty, rules might not be necessary. A nurse should be above clandestine affairs of any kind and she may well distrust a man who offers her attention, knowing that she cannot safely or honorably, as far as her school affiliations go, accept them. It would be absurd to suppose that a nurse can spend three years in a hospital working intimately with men under conditions that bring out all the innate human qualities admirable and otherwise, without making some friendships. These friendship, if real, will last in spite of social restrictions until such time as one or the other has severed his or her official connection with the hospital.

Instruction. Many errors would be avoided if probationers and young nurses never took instruction from any but the head nurses or supervisors.

Health and illness. Probationers must not feel discouraged because

they get tired at first. If they have not been accustomed to active work that calls all the faculties into play as nursing does, it will take time to accustom the brain and muscle to the unusual demands made upon them. One of the advantages of hospital nursing is the comprehensive exercise of body and mind with regular habits of sleep and meals.

It is normal to get tired and if one is rested after a night's sleep there is no cause for alarm. A nurse should begin as a probationer to apply to herself the instruction received in hygiene. She should not spoil her appetite with candy between meals, nor her night's rest with a late and hearty supper. Boxes from home are doubtful kindnesses. Above all things, a nurse should train herself to eat everything that is wholesome and to eat what is served without complaint, unless the food provided is so poorly chosen, cooked or served that a complaint at the training school office is justified. It is to be remembered that it is impossible to cater to everyone's individual taste and if boiled dinners were struck off the menu to please certain people, there are others who would feel it a deprivation.

Nurses may find their work taking them into all sorts of homes, into any country, and the useful and happy nurse is the adaptable one who does not depend too much on material comforts. This is not intended as an excuse for hospitals that do not provide their nurses with a good and varied diet, but to complain as many people do complain, habitually, about food and to have one's day spoiled if a meal has not been to one's particular taste is vulgar.

Nurses should of course take daily baths, but not hot baths which are often too stimulating for a few hours afterward and enervating in the long run. A nurse should be fastidiously clean and well groomed. Frequent local baths and sufficient changes of clothing are necessary. Hair, hands and feet should all be kept in good condition. Prophylactic treatment for the teeth is recommended.

It is very important that any wound or abrasion of the skin on the hands should be promptly cleansed and protected by a collodion dressing.

The hands should always be washed and well dried before going to meals. The habit of rubbing the eyes with one's hands should be avoided and for the sake of cleanliness the hair should be dressed in such fashion that it is not necessary to keep brushing it away from the eyes and face. An individual towel pinned under the apron should be used and it should be remembered that individual use of brushes and combs is as necessary for sanitary reasons as that of individual tooth brushes. The selection of toilet articles like soap, hand lotions, tooth pastes, etc., should be carefully made.

Going into a new environment she may have gastric or intestinal dis-

turbances or sore throat. These conditions must not be neglected but should be reported to the proper authorities immediately.

Although nurses and doctors often have to ignore their own physical discomfort in the performance of duty and would be unfit for their high calling if their own comfort were their first consideration, it is poor judgment to omit the "ounce of prevention" when so situated that competent advice may be secured. Also one must remember that one's best work cannot be done when conscious of one's own body all the time. There is the danger too with heavy colds and sore throats of spreading infection to one's associates.

Manner. Cultivate a quiet way of moving and talking. A quiet nurse will never offend because of her quietness. A noisy person will often find herself criticised and actually disqualified for the care of certain types of patients, so if the fault is not corrected during training, it will make her unsuccessful in private practice or as an executive. A pupil should not feel hurt if corrected for mannerisms. It is very desirable that a nurse, because she comes in such close contact with people who are sick and, perhaps, abnormally sensitive to the peculiarities or defects of those who serve them, should have a well-bred dignified demeanor. Lounging, leaning on furniture, carrying the hands on the hips, staring, snuffling and various other habits of which one may be unconscious, are awkward and are disagreeable to most people, sick or well. The essence of good manners is to try never to do anything unnecessarily that might offend a fastidious person. Besides that, it is desirable to conform to the accepted standards of social custom. Some practices, such as eating with a knife or leaving the spoon in the cup, are not serious offenses in themselves, but such deviations from custom make a person conspicuous and that is to be avoided. It is unfortunate that in the pressure of hospital life it is easy to acquire bad manners. Many doctors, and nurses as well, who have had most careful home training become careless about many things, trifling in themselves, but extremely annoying to patients. Walking unannounced into a patient's room and needlessly exposing patients are the commonest faults. A probationer should try particularly not to err in these ways and to be so alert that she will later prevent intrusion and unnecessary discomfort for her patients.

It is often necessary to interrupt a conversation to give some message that cannot be delayed. Of course, one should always excuse oneself instead of breaking in abruptly. Sometimes it is possible to write the message and hand it to the person to whom it is to be delivered, which is the least obstructive interruption.—*The American Journal of Nursing.*

PITUITRIN IN LABOR

By Dr. J. A. Valens, Saskatoon.

Pituitrin, the greatest therapeutic agent in obstetrics since the days of asepsis, chloroform and forceps. The field of obstetrics opens up to the doctor a wide range of duties and responsibilities. The first and greatest is that the life of the mother lies in his hands. Second, only, in importance to this, is the life of the child. In this trying ordeal which nature has placed upon every mother, the doctor has many duties to fulfill. He is the one to whom that mother, as well as the anxious friends, look for the care of the patient at that time; his advice is sought at every turn; to him they have pinned their faith.

One of the many duties which it is the privilege of the doctor to perform is the alleviation of pain—a pain, in many cases so intense that no wonder many a mother trembles at the thought of it.

Wile, in the American Journal of Surgery of July, 1913, states that the question is frequently raised as to whether in the present day and generation labor is a normal function. Such a careful man as De Lee does not hesitate to say, "It should be, but is not."

Any therapeutic agent which will serve to lessen the mortality or the debilitating effects of child-birth should be welcome to the obstetrician as well as being of universal value to the female portion of the community.

Pituitrin bids fair to be of unusual service in conservative obstetrics. A therapeutic agent capable of lessening the necessity of surgical interference possesses a wide scope of usefulness.

I wish to speak of a few of my own experiences in the use of the extract of the hypophesis cerebri which I have used in upwards of two hundred cases. I have used two preparations, one of Parke Davis' called "Pituitrin" and one of Burrows Welcome called "Pituitary extract infundibulum." I first began by using the preparation in 1c.c. doses in cases in the second stage of labor. These cases were all fairly well advanced and I always endeavored to ascertain that no obstacle was in the way of delivery. The results to my mind, were simply wonderful.

One of my first cases, a primipari who had been in labor about twenty hours and was well advanced in the second stage, but the patient was becoming wearied and the pains making very little progress, the diagnosis was a L.O.A. with no obstructions. I injected 1c.c. of pituitrin and in from three to five minutes pains began to come on and gradually grew more severe, and in ten minutes later the child was born. The patient, during the period, was slightly under the influence of chloroform, so that she did not realize much pain. There was no laceration and baby was in first class condition, and the mother was delighted that

labor terminated so easy. I used it in a number of similar cases with practically the same results. I always found that the extract began to show its effect in from three to five minutes, and in those cases the child was born in from eight to fifteen minutes. I never administered pituitrin in any case without giving the patient chloroform, so that they seldom realized any pain. I may say here that I use chloroform for nearly all my maternity cases, as I believe the pain of parturition to be one of the things dreaded by the married women of our country and one of the things which tends to make the mothers of our country prematurely old, and, anything which will alleviate the pain of confinement is one of the greatest blessings of the feminine population. Chloroform, as an alleviator of pain, often does not give the desired result, as it lessens and often stops the uterine contractions and thus delays delivery, and often the patient has to be allowed to come out from under the influence of the anæsthetic before the labor pains commence again. In pituitrin we have an agent which always works whether the patient is under chloroform anæsthetic or not. The pains are so intense that I do not think a doctor is justified in giving an ordinary dose of infundibulum without administering a general anæsthetic. To return again to the cases, I may say that I now began to use the extract at a slightly earlier period of the confinement, when the head was higher up but still the os completely dilated, and the results were just as wonderful as in the first cases.

I next began using the extract in the first stage of labor in the hopes of hastening delivery and lessening the suffering of the patient. I always examined to make sure the os was soft and easily dilatable and no obstruction to the head, and in those cases, also, had wonderful results. At this period I had a primipari in the city hospital who had been in labor for many hours and seemed to be suffering intensely and she was making a great deal of noise. I examined her and found the os dilated to the size of a fifty cent piece, but very rigid. I felt at the time I should not give infundibulum, but on account of the apparent suffering and the slow progress, I allowed my better judgment to be overcome and I gave a general anæsthetic and administered 1c.c. of infundibulum. As usual, pains came on with great force and the child was born in about fifteen minutes. There was no external laceration but on examination of the os a laceration was found on each side extending up to the body of the uterus. This laceration was immediately repaired and healed perfectly. I mention this case to show one of the mistakes that may be made in the use of this extract. From this time on I began to use the extract in many cases where the first stage was prolonged and the pains having very little effect, and the progress very slow. In many of the above cases where the os was dilated to the size of a twenty-five cent piece I used from one-third to

one-half a c.c. of extract. In every case dilatation came on gradually but fairly rapid and in every case there was a gratifying result. In some cases only the os was dilated as a result of the use of the extract, in other cases the pains had force sufficient to cause delivery of the child. If only dilitation took place and some slight descent of the head, then I decided whether to administer a larger dose or to use instruments. Often the effect of the first small dose had passed off and if the head was not impacted and presentation normal, a larger dose, often the balance of the c.c. in the ampule, was sufficient to bring on delivery. If, on examination, I found any obstacle in the way of delivery, I used instruments. I have used small doses in many cases with great success to get sufficient dilatation to allow the use of forceps. In one case of twin pregnancy I used a small dose in the latter part of the first stage of labor: this was on account of inertia and contractions increased in intensity and a splendid delivery resulted in about half an hour. In two cases in which there was dilatation to about the size of a twenty-five cent piece which had remained for about four or five days, patients during this time having ineffectual pains. In one case the membranes had ruptured, in the other, I ruptured them, then small doses of pituitrin were given and contractions came on and in a couple of hours delivery was effected. These cases had every symptom of lingering on for some time. In one case with a bad history of post portum hemorrhage in two preceding confinements, I confined the patient without the use of pituitrin as progress was rapid and pains severe. I was able to give chloroform without lessening the contraction. After the delivery the placenta came away intact. There was fair contraction of the uterus but a steady hemorrhage took place. I had no ergot with me but kept my hand on the fundus of the uterus to stimulate contractions. The bleeding persisted so I gave 1c.c. pituitrin. Inside of ten minutes the hemorrhage ceased and did not return. This is the only case of hemorrhage in which I have used pituitrin, and in all my confinements in which I have used the extract, I have never had hemorrhage of any account.

During the last week I have had three very interesting cases. First—A woman who had three or four confinements previous and always had the os dilated manually and children delivered with forceps. I examined her and found the os dilated to the size of a ten cent piece and very thick. There had been pains, slightly increasing in intensity for three days but no further dilatation. On the fourth day I ruptured the membranes. There was a very little change and the patient becoming wearied, I gave about one-third of a c.c. of pituitrin, which increased the pains slightly. In about one hour I gave another one-half of a c.c. of the extract. I remained about an hour longer. The contractions were more severe at first, but in about half an hour they

began to decrease in their intensity but still continued coming on at regular intervals. I left and did not go back for about four hours. I found dilatation to about the size of a twenty-five cent piece. I now gave five minimums of the extract. I got good heavy contractions, the os dilated more rapidly but still remained large and thickened. I then gave about eight or ten minimums of extract, the pains became still more sever and, with a little help, the os was dilated sufficient to apply forceps. The other two cases were very much alike, one was a primipari in which the membranes had ruptured before any dilatation had taken place. The pains started in slowly and the cervix had thinned out and dilated to the size of a five cent piece. I dilated a little with my finger, then gave the extract in a small dose and found good results though the dilitation was slow. About three hours later I gave five minimums of th extract and the pains increased in intensity and dilatation was completed and head descended almost to the perineum. I then gave the balance of the c.c. remaining in the syringe and the contractions were severe enough to complete the delivery. There was no laceration of any kind. I have reported these last cases to show one of the great uses of this extract, viz.; In the first stage of labor, not at its commencement but after it has progressed somewhat, where the progress is very slow, the patient becoming wearied and not sufficient dilatation to use forceps.

Some of the observations I have drawn from the use of the extract are these:

(1st.) It enables the doctor to use a general anæsthetic to lessen the suffering of the patient, in many cases where he could not otherwise give it on account of stopping the progress of the confinement. Here you have a medicine which will stimulate the contractions, hastens the progress of delivery and, at the same time, allows of a general anæsthetic. This, to me, makes pituitrin one of the greatest medicines discovered in later years.

(2nd.) It should not be given without a general anæsthetic, unless in very small doses, and even then, it is preferable that an anæsthetic be given.

(3rd.) The size of the dose should be governed by the condition of the case.

(4th.) In opposition to many writers, I believe the extract of the pituitary has a large place in so called normal labor.

(5th.) I have never seen any asphyxia or any sign of severe compression of the fetus.

(6th.) The extract produces strong intermittent contractions, the contraction often prolonged above the normal, especially when a large dose was given. Labor seems to retain its physiological character.

(7th.) No sign of tetanic uterine contractions in any case.

(8th.) Used in only one case of miscarriage of two months standing to expel the placenta, no effect, whatever.

(9th.) No sign of any rupture of the uterus but believe it might be possible in cases of obstruction with too large a dose of the extract.

(10th.) Action begins in from three to five minutes and lasts from twenty to forty minutes.

"As a man's hair whitens and his features become furrowed, his back bent, and perchance his girth unduly expanded, we say, 'He shows the marks of time.' Time, however, has nothing whatever to do with such changes."

This incisive attack on the question of "Longer and More Effective Living" was made by Dr. Eugene Lyman Fisk, director of the Life Extension Institute, New York City, in an address before the forty-third National Conference of Charities and Correction, at Indianapolis, May 10-17. The speaker said that our conception of this question is worthy of the days of scholasticism, and further "If we protect the cells of our bodies from injury or strain, from poison, both internal and external, from starvation and bacterial attack, we shall be able to clip the wings of time."

An unexpected turning of the discussion on this subject into educational channels was accomplished by Professor L. J. Rettger, of Terre Haute, Indiana, who claims that the most important factor had been overlooked by failing to make rational use of the public schools. He said: "One cannot overlook the fact that the drunkard, the tramp, and the criminal were for many years under the instruction of our teachers in the public schools."

Under the leadership of Dr. J. N. Hurty of the Indiana State Board of Health, and Dean Charles P. Emerson, of the Indiana University School of Medicine, five sessions on health subjects were arranged. Beyond these, however, health discussions were sprinkled throughout the entire series of forty-five sessions of the conference. Illustrations of this fact were the striking presentation of the health needs of rural school children made by Dr. Taliaferro Clark of the United States Public Health Service.

The conference at Indianapolis lasted eight days and broke all previous records for size of gatherings of men and women engaged professionally in social work. The main divisions of discussion were upon children, corrections, the family and the community, feeblemindedness and insanity, health, inebriety, promotion of social programmes, public and private charities, and unemployment. The next session will be held at Pittsburgh during the spring of 1917, under the presidency of Frederic Almy, Secretary of the Buffalo Charity Organization Society. Mr. Almy has already announced as the subject for his presidential address, "The End of Poverty."

IN ATTIC TOWN!

Far up Front Stairs Heights you go;
Miles along Bathroom Plains, or so;
Higher still, up Garret Hill,
Hug the wall, and mind the sill;
With Dad's stiff hat and Mother's gown,
One's worn-out blue, the other brown;
With books and toys, and other joys—
Not so much "Hush, don't make a noise!"
(Babe doesn't know a "nail" from a "noun.")
Ho!—What fun in Attic Town.

Ruth's on Trunk Street, don't you know;
Bobby lives at Old Boot Row;
Camphor Flat fits Bee like a mouse;
It's next to Moll's—at Cedar Press House.
With police patrols, and a bear and clown,
Also cats and dogs, who squawk or frown,
With bat and ball—simply can't name all—
Not so much "Stop, don't mark the wall!"
(Even Sis knows which is "up," what "down.")
Ho!—High jinks in Attic Town.

BIRTHS

At 349 Bathurst St., Toronto, on February 8, 1916, to Major and Mrs. Baillie, a daughter (still born). Mrs. Baillie (nee Cook) is a graduate of Toronto Western Hospital.

At Grand Valley, Ont., on March 8, 1916, to Rev. and Mrs. Lane, a son. Mrs. Lane (nee Huck) is a graduate of Toronto Western Hospital.

At Centralia, Wash., on October 20, 1915, to Mr. and Mrs. Charles W. Wilson, a girl. Mrs. Wilson is a graduate of Vancouver General Hospital.

At Wellesley Hospital, Toronto, on February 14, 1916, to Mr. and Mrs. Reidel, a daughter. Mrs. Reidel (nee Rogers) is a graduate of Riverdale Hospital, Toronto.

To Mr. and Mrs. W. H. Childs, Hamilton, June 4, a son (Robert Henry). Mrs. Childs (nee Miss Jessie Mayne) is a graduate of the Hamilton City Hospital.

To Dr. and Mrs. Birks, China, a son. Mrs. Birks (nee Miss McGregor) is a graduate of the Hamilton City Hospital.

On June 15, 1916, at Swan River, Manitoba, to Rev. and Mrs. J. W. McKillop, a daughter, (Donalda Murray). Mrs. McKillop is a graduate of the Dauphin General Hospital.

MARRIAGES

On March 18, 1916, at the Chemainus General Hospital, Miss Eleanore McKnight, late Superintendent of the General Hospital, Grand Forks, B.C., to Mr. Palmer J. Cook, of Valdez, Alaska.

In Winnipeg, Man., December, 1915, Miss Estella M. Reid, graduate of Kingston General Hospital, class '14, to Dr. C. K. Whitelock, of Limerick, Sask.

In Kingston, Ont., on February 14, 1916, Miss Pearl O. Morton, graduate of Kingston General Hospital, to Dr. Wilson Lloyd, of Belleville, Ont. Mrs. Lloyd left on February 28th with Queen's University Hospital reinforcements for England.

On March 15, 1916, at Mississippi, Ont., Miss Alice Reid McIntyre, of Mississippi, graduate of Kingston General Hospital, '11, to John J. McEachern, B.Sc., of Queen's College, Kingston, 1910, of Timmins, Ontario.

At Winnipeg, on March 1, 1916, Miss Frances Slominska, graduate of St. Michael's Hospital, Toronto, class '14, to Mr. John Burns, of Toronto.

On March 1, 1916, at Hamilton, Ont., Miss Theresa Last, graduate of Cook's County Hospital, New York, to Mr. Charles Durance. Mr. and Mrs. Durance will reside in Hamilton.

On January 11, 1916, Miss Olive B. Musser, R.N., of Kansas City, Missouri, to Dr. L. A. Marty, of the same place. Mrs. Marty is a graduate of the Kansas City General Hospital Training School for Nurses, and for three years past has been engaged in X-ray work as assistant to Dr. Marty.

At Hamilton, Ont., on March 23, 1916, Miss Edith J. Poutney, R. N. graduate of Allegheny General Hospital, Pittsburg, to Mr. Joseph Morris, of Hamilton.

At Hamilton, on June 27, 1916, Gladys Young, graduate of the Hamilton City Hospital, to C. H. Jarvis. Mr. and Mrs. Jarvis will reside in Hamilton.

At Stratford, Ont., on June 6, 1916, Miss Anastasia D. Brien, graduate of St. Michael's Hospital, Toronto, class '13, to Mr. Frank Lamphier, of Burnhamthorpe, Ont.

At Campbellford, Ont., on June 20, 1916, Miss Gertrude Gibson, graduate of St. Michael's Hospital, Toronto, class '13, to Dr. Joseph M. Haffey, Toronto.

DEATHS

At 24 Sherbrooke Avenue, Ottawa, February 11, 1916, Mrs. Thomas Mothe, widow of the late Thomas Mothe. Mrs. Mothe (Miss Louise Ann Owen, "Annie") was the first graduate from the Pembroke Cottage Hospital, 1905.

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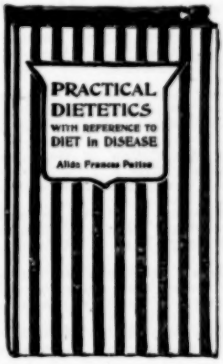

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Representatives on Central Registry Committee—Misses Piggott and Rork.
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PUBLISHERS' DEPARTMENT.

FOOT TROUBLES

By V. E. Taplin.

Chanches are, you have foot trouble. Have you ever stopped to figure out why, and place the blame where blame is due?

If your feet burn, or are calloused on the bottoms, your shoes are too narrow; if your toes are hammered with the ends pointing down and under, your shoes are too short, or too pointed, or a little of each; if your feet easily tire it is probably because your shoes have served as efficient "splints" and by their tightness and lack of conformity to the lines of the foot, have so restricted action that muscle development has been impossible. Hence, your muscles are weak and quite incapable of withstanding the strain. This is the greatest cause of falling arches. Joints cannot function properly; feet become sore; callous grows, and old age is given an invitation to creep on us through our feet. Give a person of 60 a pair of good feet, and you will find that person more able in body and much younger in manner and ways than the average person of 40 with the modern deformed feet.

The foot is the only part of the body we intentionally deform, and for what purpose? We are believed to be fully complying with the dictates of fashion if our girl of, say, 10 years is using a broad low heel, but as the years are added, the heels grow in height, the toes are trimmed off at the sides until we have a deformed instrument of torture not surpassed or outdone in any country—so far as we can learn.

When will our leading men and women realize that the shoe should fit easily, and in the same careful manner as coats and hats, and not be the means of warping and twisting our feet into a useless mass of bones and flesh? Will you please compare the strained mincing gait of the high-heeled, narrow-toed girl, with the easy, graceful swing of the low-heeled, room-for-the-toes-girl. That mincing gait and high heel has more to do with "nervous conditions" than most think.

If women wish to take the place of men with equal efficiency, it will be necessary for them to adopt another and more sensible style of foot wear—real footwear, and not foot millinery. Education to admire normal condition in the feet as in other parts of the body is all we need. I suggest it start in schools.

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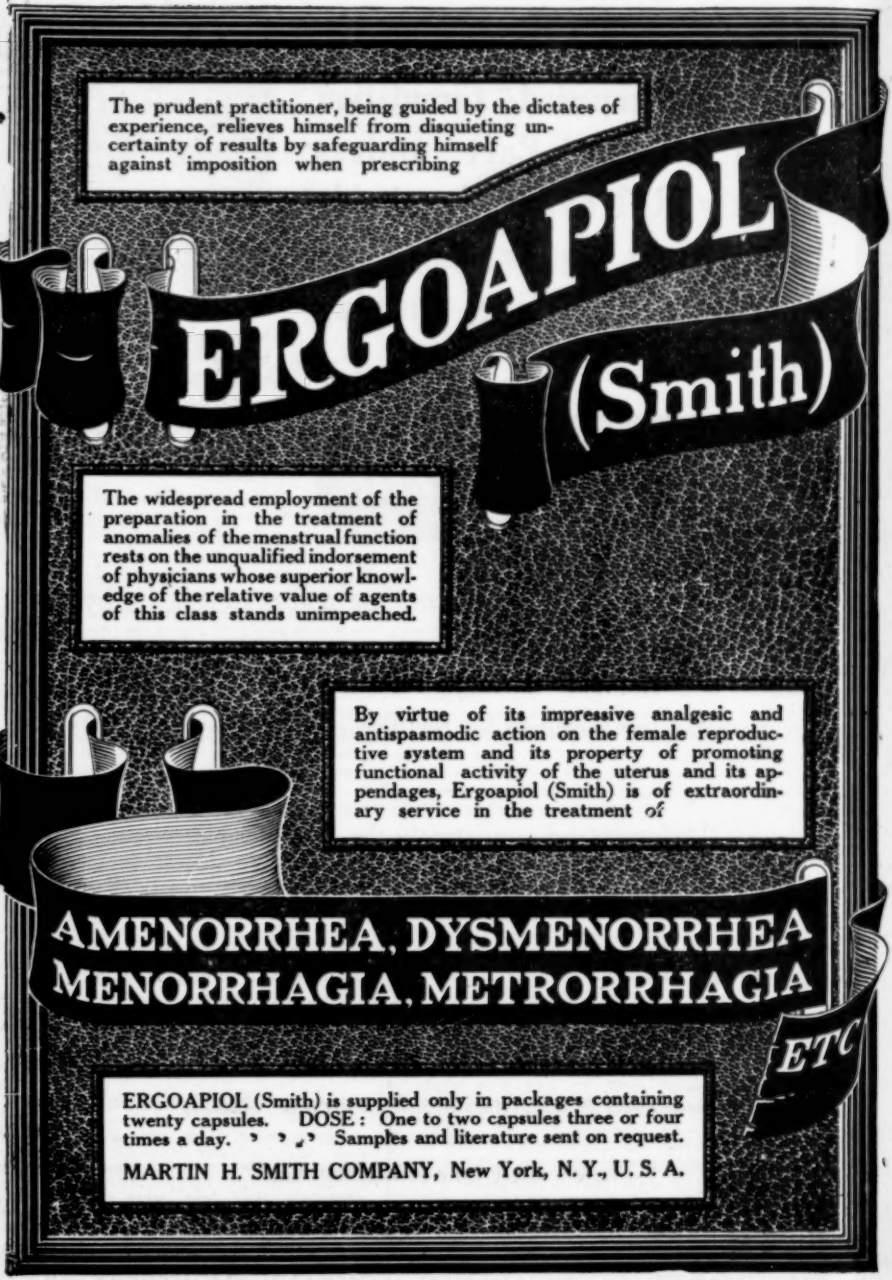
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